

RATES: HEALTH INSURANCE PROGRAMS								Section 3.4-7
Active Employee Rates (2014 Plan)								
Effective July 1, 2015								
Please replace Section 3.4-7 of the State of Rhode Island Payroll Manual with the new schedule effective for pay period beginning June 28, 2015, and paid on July 17, 2015.								
							20 Pay Pd	
			Annual	Monthly	Biweekly		Employees	
Medical Plan								
Individual			\$7,357.20	\$613.10	\$282.97		\$367.86	
Family			\$20,625.60	\$1,718.80	\$793.29		\$1,031.28	
Dental Plan								
Individual			\$392.76	\$32.73	\$15.11		\$19.64	
Family			\$1,099.44	\$91.62	\$42.29		\$54.97	
Vision Plan								
Individual			\$56.88	\$4.74	\$2.19		\$2.84	
Family			\$156.96	\$13.08	\$6.04		\$7.85	
Medical, Dental, and Vision								
Individual			\$7,806.84	\$650.57	\$300.27		\$390.34	
Family			\$21,882.00	\$1,823.50	\$841.62		\$1,094.10	

RATES: HEALTH INSURANCE PROGRAMS								Section 3.4-7
Active Employee Rates (2014 Plan) - Employee Co-Share (Percent of Premium Based)								
Effective July 1, 2015								
Please replace Section 3.4-7 of the State of Rhode Island Payroll Manual with the new schedule effective for pay period beginning June 28, 2015, and paid on July 17, 2015.								
FULL TIME			Percentage	Medical	Dental	Vision	Total	
Individual								
Less than \$95,481		20%	\$56.59	\$3.02	\$0.44	\$60.05		
\$95,481 and above		25%	\$70.74	\$3.78	\$0.55	\$75.07		
Family								
Less than \$49,670		15%	\$118.99	\$6.34	\$0.91	\$126.24		
\$49,670 to less than \$95,481		20%	\$158.66	\$8.46	\$1.21	\$168.33		
\$95,481 and above		25%	\$198.32	\$10.57	\$1.51	\$210.40		
PART TIME			(Based on Annualized Total Rate)					
Individual								
Less than \$90,000		20%	\$56.59	\$3.02	\$0.44	\$60.05		
\$90,000 and above		35%	\$99.04	\$5.29	\$0.77	\$105.10		
Family								
Less than \$90,000		20%	\$158.66	\$8.46	\$1.21	\$168.33		
\$90,000 and above		35%	\$277.65	\$14.80	\$2.11	\$294.56		